

Schneider Capstone

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Developing a policy agenda for the social justice initiative at Nationwide Children's Hospital



Overview

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Project Overview:

This capstone project is in collaboration with Nationwide Children’s Hospital (NCH) in Columbus, Ohio. NCH is committed to “the best outcomes and health equity for all children.” In an effort to advance this mission, NCH has established a social justice initiative (SJI). The SJI will identify and analyze the relationship between decarceration policies and children’s health outcomes. Decarceration policies are those which aim to reduce the incarceration rate at the federal, state, and municipal levels, such as youth incarceration and bail reforms. Through policy analysis and benchmarking with other progressive children’s hospitals, the capstone project will establish a policy agenda for Nationwide Children’s Hospital’s social justice initiative.

Organization Background:

Nationwide Children's Hospital’s social justice in health care initiative was established to pursue the following three objectives: (1) improving health care for incarcerated youth, (2) improving health care for children and families by revising prison/jail visitation policies, providing education on prison systems, and improving trauma services, and (3) establishing programs that will allow for more incarcerated parents to be sent home to care for their children which will keep children out of the foster care system. Through their research, NCH plans to identify effective policies for diverting youth from the criminal justice system and identify the rights of children whose parents are incarcerated. The research methodology involves examining best practices throughout the country and then introducing these policies at the local and state level.

Final Project Deliverables:

- Policy Platform.....p. 5**
Description of public policies and decarceration strategies that should be supported by the hospital due to their positive impacts on children’s health outcomes.
- Hospital Benchmarks.....p. 15**
An analysis of other children’s hospitals’ activities in the social justice field, gathered via virtual interviews, survey responses, and online research.
- Final Recommendations.....p. 25**
Identification of the final five policy recommendations and opportunities for NCH to advocate for such strategies on the state and local level.

Methodology:

To establish the policy platform for the Social Justice Initiative at Nationwide Children’s Hospital, over 40 articles, studies, and reports were analyzed, 12 hospitals were contacted and/or evaluated, and advocacy groups and local organizations were consulted to develop the final recommendations.

Introduction

The incessant trend of mass incarceration in the United States is well documented through the almost 2 million individuals in prisons and jails throughout the country.¹ Much attention has been paid to this issue, with ongoing debates regarding criminal justice reform, however, children have long been the silent sufferers of this epidemic. Thousands of American children have experienced some sort of interaction with the criminal justice system through family members, parental incarceration, or as incarcerated youth themselves. Every day, 1,909 children are arrested in the United States,² leading to nearly 60,000 incarcerated youth in juvenile jails and prisons each year,³ and 653 children serving sentences in adult prisons as of 2019.⁴ Additionally, an estimated 2.7 million children in the U.S. currently have a parent in jail or prison, and “more than 5 million—7 percent of all children in the United States— have had a parent incarcerated at some point in their life.”⁵

This interaction with the criminal justice system leads to poor health outcomes for children and adolescents that often endure through adulthood. Children of incarcerated parents are more prone to learning disabilities, 33% more likely develop speech or language problems, 43% more likely to suffer from behavioral problems, and 48% more likely to have attention deficit hyperactivity disorder (ADHD) than children whose parents were never incarcerated.⁶ Children of incarcerated parents are more prone to mental health disorders, where children of incarcerated fathers are “51% more likely to suffer from anxiety, 43% more likely to suffer from depression, and 72% more likely to suffer from post-traumatic stress disorder,” than children with non-incarcerated fathers.⁷ Physically, children of incarcerated parents are more likely to suffer from migraines, develop asthma, have higher cholesterol levels, and have higher body mass index which is associated with obesity, heart disease, and diabetes.⁸

Other long-term consequences of parental incarceration on children include negative impacts on socioeconomic status, increased likelihood of foster care enrollment, homelessness, higher school dropout rates, and are less likely to vote.⁹ Additionally, these children become more likely to be incarcerated themselves as they are 43% more likely to use marijuana and 10% more likely to turn to delinquency.¹⁰

¹Wendy Sawyer and Peter Wagner, “Mass Incarceration: The Whole Pie 2022” (Prison Policy Initiative), accessed July 18, 2022, <https://www.prisonpolicy.org/reports/pie2022.html>.

² “The State of America’s Children 2021 - Youth Justice,” Children’s Defense Fund, April 15, 2021, <https://www.childrensdefense.org/state-of-americas-children/soac-2021-youth-justice/>.

³ “America’s Addiction to Juvenile Incarceration: State by State,” American Civil Liberties Union, accessed July 18, 2022, <https://www.aclu.org/issues/juvenile-justice/youth-incarceration/americas-addiction-juvenile-incarceration-state-state>.

⁴ “The State of America’s Children 2021 - Youth Justice,” Children’s Defense Fund, April 15, 2021, <https://www.childrensdefense.org/state-of-americas-children/soac-2021-youth-justice/>.

⁵ Lindsey Cramer, Margaret Goff, Bryce Peterson, Heather Sandstrom, “Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice,” April 2017, https://www.urban.org/sites/default/files/publication/89601/parent-child_visiting_practices_in_prisons_and_jails.pdf

⁶ Leila Morsy & Richard Rothstein, “Mass Incarceration and Children’s Outcomes” (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

⁷ Leila Morsy & Richard Rothstein, “Mass Incarceration and Children’s Outcomes” (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

⁸ Leila Morsy & Richard Rothstein, “Mass Incarceration and Children’s Outcomes” (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

⁹ Leila Morsy & Richard Rothstein, “Mass Incarceration and Children’s Outcomes” (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

¹⁰ Leila Morsy & Richard Rothstein, “Mass Incarceration and Children’s Outcomes” (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

Nationwide Children’s Hospital is uniquely positioned to advocate for decarceration strategies on the state and local level due to these policies’ positive impact on children’s health outcomes. Within the state of Ohio, NCH’s presence in this capacity is especially essential as Ohio has the fifth highest rate of incarcerated youth in the U.S.¹¹, and “ranked fourth in the nation for the highest number of youth who have had a parent incarcerated.”¹²

The following report details decarceration policies NCH can confidentially support given their proven positive impact on children’s health, an analysis of other children’s hospitals’ work in this area, and windows of opportunity for policy change.

¹¹ “Juvenile Residential Facility Census, 2016: Selected Findings” (U.S. Department of Justice - Office of Juvenile Justice and Delinquency Prevention) <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/251785.pdf>

¹² Samantha Boch, “Opinion: Bail Reform Advances Child Health Equity”(Columbus Dispatch), 2021, <https://www.dispatch.com/story/opinion/columns/guest/2021/10/22/what-benefits-there-bail-reform/8530080002/>

Deliverable 1: Policy Platform

The following policy platform identifies which decarceration strategies Nationwide Children’s Hospital can support through the Social Justice Initiative by detailing how each policy impacts children’s health outcomes and family wellbeing. Many of the policies are located within the context of justice reform, however, NCH can further advance these efforts through policy changes in health, education, and community engagement.

Juvenile Justice Reform

Raise the minimum age for youth incarceration

Currently, there is no federal minimum age for youth incarceration in the U.S. As of November 2020, twenty-two states have established minimum age laws for youth incarceration, ranging from 6-years-old to 12-years-old, but twenty-eight states, including Ohio, have not set a minimum age for child incarceration.¹³

Placement in juvenile detention facilities in general, and especially for young children and adolescents, can be highly detrimental. According to a 2017 study analyzing 14,344 adults in the National Longitudinal Study of Adolescent to Adult Health, “cumulative incarceration duration during adolescence... is independently associated with worse physical and mental health later in adulthood,”¹⁴ making it essential to decrease the amount of youth experiencing incarceration, in order to promote ongoing positive health outcomes. Youth incarceration can be highly mentally damaging as it disrupts psychosocial development by removing youth from their communities, friends, and families, “restricting their ability to have age-appropriate experiences and opportunities,” that are essential for healthy maturation and social development.¹⁵ This isolation can also affect children’s ability to learn self-direction, independence, responsibility, and reduce incentives “to follow through on conventional goals.”¹⁶ Additionally, when children are labeled as “delinquents” or “criminals” at an early age, they often further withdraw from conventional activities and more often seek validation “from peers and adults engaging in criminal activity.”¹⁷

Instituting a minimum age for youth incarceration in the U.S. and in Ohio to at least 12-years-old can help reduce the number of incarcerated youth and improve child health outcomes. This minimum age has been effectively implemented in California, Massachusetts, and Utah.¹⁸ Professional organizations such as the American Academy of Pediatrics (AAP) and Society for

¹³ Destiny G Tolliver, Eraka Bath, Laura S Abrams, Elizabeth Barnert, “Addressing Child Mental Health by Creating a National Minimum Age for Juvenile Justice Jurisdiction,”

<https://www.sciencedirect.com/science/article/pii/S0890856721001465?via%3Dihub>

¹⁴ “How Does Incarcerating Young People Affect Their Adult Health Outcomes?” (Journal of the American Academy of Pediatrics), 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260153/>

¹⁵ Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feerman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

¹⁶ Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feerman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

¹⁷ Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feerman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

¹⁸ Destiny G Tolliver, Eraka Bath, Laura S Abrams, Elizabeth Barnert, “Addressing Child Mental Health by Creating a National Minimum Age for Juvenile Justice Jurisdiction,” <https://www.sciencedirect.com/science/article/pii/S0890856721001465?via%3Dihub>

Adolescent Health and Medicine (SAHM), recommend the minimum age of 12 years or older.¹⁹ Additionally, the U.S. is the only United Nations member nation to have not endorsed the UN Convention on the Rights of the Child (CRC) which set the minimum for youth incarceration at 12 years or older.²⁰ However, since this rule was established in 1989, the UN has revised its recommendations to a minimum age of 14.²¹

Improve healthcare access for incarcerated youth

Youth experiencing incarceration have higher rates of unmet health needs, where 72% have at least one psychiatric disorder, 46% of newly detained youth have an urgent medical need,²² and an estimated “one-third of girls in juvenile justice facilities have been pregnant and one-quarter of young men report having fathered a child.”²³ Additionally, analyses of incarcerated and previously incarcerated youth have found higher “higher prevalence rates of self-harm, risky behavior, neurodevelopmental disabilities, infectious disease, adolescent morbidity, adolescent mortality, and psychiatric disorders” compared to their nonincarcerated counterparts.²⁴

Despite these health concerns, these children lack access to proper healthcare within their juvenile detention facilities. According to a 2010 survey conducted by the Office of Juvenile Justice and Delinquency Prevention, two-thirds of youth surveyed in these facilities reported a need for health care, such as dental, vision, and hearing, as well as illness and injury.²⁵ Unfortunately, more than a third of these children reported that “their health care needs were not addressed.”²⁶ Additionally, a national survey of over 7,000 incarcerated youth found that 29% reported experiencing violence or being threatened with violence at their facility, 24% of the time at the hands of faculty staff.²⁷ Other violence at these facilities includes a reported rate of 9.5% of incarcerated youth experiencing sexual victimization while in the juvenile facility.²⁸

¹⁹ Destiny G Tolliver, Eraka Bath, Laura S Abrams, Elizabeth Barnert, “Addressing Child Mental Health by Creating a National Minimum Age for Juvenile Justice Jurisdiction,”

<https://www.sciencedirect.com/science/article/pii/S0890856721001465?via%3Dihub>

²⁰ Destiny G Tolliver, Eraka Bath, Laura S Abrams, Elizabeth Barnert, “Addressing Child Mental Health by Creating a National Minimum Age for Juvenile Justice Jurisdiction,”

<https://www.sciencedirect.com/science/article/pii/S0890856721001465?via%3Dihub>

²¹ Destiny G Tolliver, Eraka Bath, Laura S Abrams, Elizabeth Barnert, “Addressing Child Mental Health by Creating a National Minimum Age for Juvenile Justice Jurisdiction,”

<https://www.sciencedirect.com/science/article/pii/S0890856721001465?via%3Dihub>

²² Elizabeth Barnert, Rebecca Dudovitz, Bergen Nelson, Tumaini Coker, Christopher Biely, Ning Li, Paul Chung, “How Does Incarcerating Young People Affect Their Adult Health Outcomes?” (Journal of the American Academy of Pediatrics), 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260153/>

²³ “Medicaid for Juvenile Justice-Involved Children” (National Conference of State Legislatures),

<https://www.ncsl.org/documents/cj/jguidebook-medicaid.pdf>

²⁴ Samantha Boch, Emre Sezgin, Donna Ruch, Kelly Kelleher, Deena Chisolm, & Simon Lin, “Unjust: the health records of youth with personal/family justice involvement in a large pediatric health system,” 2021

<https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-021-00147-5>

²⁵ “Medicaid for Juvenile Justice-Involved Children” (National Conference of State Legislatures),

<https://www.ncsl.org/documents/cj/jguidebook-medicaid.pdf>

²⁶ “Medicaid for Juvenile Justice-Involved Children” (National Conference of State Legislatures),

<https://www.ncsl.org/documents/cj/jguidebook-medicaid.pdf>

²⁷ Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feierman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

²⁸ Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feierman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

To combat the lack of healthcare access in juvenile facilities, some children's hospitals work with the local facilities to provide care. This is sometimes done by contracting out hospital staff to provide care at the juvenile facility, or having the facility bring incarcerated children in need of care to the children's hospital. However, this relationship is often unclear and dynamic (as evident in Deliverable 2).

Support community-based sentencing alternatives for youths and adults

In order to further reduce the number of incarcerated youths and adults, alternatives such as community-based sentencing should be considered and expanded. A shift toward community-based sentencing for incarcerated parents “allow[s] for parental rehabilitation and accountability while keeping families together,” through programs such as court-ordered drug treatment and vocational programs, rather than prison.²⁹ For children, youth incarceration within juvenile facilities does not lead to lower recidivism rates and the facilities are typically more expensive than community-based care.³⁰

Such reform is possible in the state of Ohio, as evidenced by Lucas County, Ohio where youth with misdemeanors are “either fully diverted from probation and court involvement or are overseen by a special unit of case managers” and after an assessment, referred to community-based services.³¹ Rather than adhere to typical probation regulations, these youth participate in community service, evidence-based family services, and/or pro-social activities.³²

General Justice Reform

Reform incarceration policies for nonviolent offenders

Many inmates are currently serving sentences for nonviolent offenses which, as of 2015, includes 46% of people incarcerated in state prisons and 50% of people incarcerated in federal prisons due to a drug offense.³³ This trend, exacerbated by mandatory minimum prison sentencing, removes parents without a history of violence from their children, producing largely negative effects on these families.³⁴

Reimprisonment of released offenders for technical probation violations is another policy contributing to the disruption of families by incarcerating nonviolent offenders. Despite being excluded from the workforce upon release from prison, former inmates are expected to pay fines, court fees, and hold a job- failure to do so is a probation violation that will lead these individuals

²⁹Elizabeth S Barnert, Paul J Chung, “Responding to Parental Incarceration As a Priority Pediatric Health Issue,” 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6317561/>

³⁰ Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feierman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

³¹Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feierman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

³²Lisa Pilnik, Robert G. Schwartz, Karen Lindell, Jessica Feierman and Christina Sorenson, “Transforming Justice: Bringing Pennsylvania’s Young People Safely Home from Juvenile Justice Placements,” (Juvenile Law Center), 2019, https://jlc.org/sites/default/files/attachments/2019-10/Transforming_Justice_final.pdf

³³“Facts about Prisons” (The Sentencing Project), accessed July 18, 2022, <https://www.sentencingproject.org/wp-content/uploads/2016/02/Facts-About-Prisons.pdf>

³⁴ Christopher Wildeman and Bruce Western, “Incarceration in Fragile Families,” (Princeton), https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/fragile_families_20_02_fulljournal.pdf

back to prison.³⁵ This policy and exclusion from the legal economy fuels the cyclical nature of incarceration that robs children of incarcerated parents the opportunity to experience stability.

Improve in-person visiting and expand home confinement opportunities

The ability to visit an incarcerated parent in-person is essential for a child, however, current visitation systems can be stressful, traumatic, and sometimes impossible due to the physical distance between children and their parent's facility.

In-person visitation can be extremely beneficial for both the child and parent. Visitation is linked to improved mental health for inmates,³⁶ reduced rates of recidivism by 3.8%³⁷ for each additional visit, according to a study of 7,000 released inmates, and lower rates of in-prison misconduct, where "one *additional* visit per month would reduce misconduct by a further 14 percent,"³⁸ according to a study of Iowa state prisons. In-person visitation, allowing for physical contact and privacy between children and parents helps both cope emotionally and reconnect, but for children specifically, "contact visits can reduce feelings of abandonment and anxiety and promote emotional security."³⁹

Despite these benefits, in-person visitation can be challenging. In fact, 63% of people incarcerated in state prisons reside in facilities located more than 100 miles from home, and oftentimes, those serving sentences in federal prisons are located 500 miles from home.⁴⁰ This distance becomes a significant barrier for family visitation as transportation can be costly and take a significant amount of time.⁴¹ Efforts to reduce this barrier have been pursued through legislative and advocacy means. On the federal level, the Formerly Incarcerated Reenter Society Transformed Safely Transitioning Every Person Act was passed in the House of Representatives in 2018 to ensure that federal inmates were placed in facilities within 500 miles of their families.⁴² On the state level, in New York, two bills (S731A and A5942) were introduced in 2020 to reinstate a free visiting bus program through the New York State Department of Corrections and Community Supervision to expand accessibility for family visitation.⁴³ Similar efforts have been introduced by nonprofit organizations in a number of states, including the "Service Network for Children of Inmates, in Florida; Assisting Families of Inmates, in Virginia; and Pennsylvania Prison Society," which are state-subsidized transportation programs.⁴⁴

³⁵ Leila Morsy & Richard Rothstein, "Mass Incarceration and Children's Outcomes" (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

³⁶ Leah Wang, "Research roundup: The positive impacts of family contact for incarcerated people and their families," (Prison Policy Initiative), 2021, https://www.prisonpolicy.org/blog/2021/12/21/family_contact/

³⁷ Leah Wang, "Research roundup: The positive impacts of family contact for incarcerated people and their families," (Prison Policy Initiative), 2021, https://www.prisonpolicy.org/blog/2021/12/21/family_contact/

³⁸ Leah Wang, "Research roundup: The positive impacts of family contact for incarcerated people and their families," (Prison Policy Initiative), 2021, https://www.prisonpolicy.org/blog/2021/12/21/family_contact/

³⁹ Lindsey Cramer, Margaret Goff, Bryce Peterson, Heather Sandstrom, "Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice," 2017, https://www.urban.org/sites/default/files/publication/89601/parent-child_visiting_practices_in_prisons_and_jails.pdf

⁴⁰ Jaime Joyce, "Let's Make It Easier for Kids to Visit Incarcerated Parents," (The Marshall Project), 2019, <https://www.themarshallproject.org/2019/05/10/let-s-make-it-easier-for-kids-to-visit-incarcerated-parents>

⁴¹ Bernadette Rabuy, Daniel Kopf, "Separation by Bars and Miles: Visitation in state prisons," <https://www.prisonpolicy.org/reports/prisonvisits.html>

⁴² Elizabeth S Barnert, Paul J Chung, "Responding to Parental Incarceration As a Priority Pediatric Health Issue," 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6317561/>

⁴³ Jaime Joyce, "Let's Make It Easier for Kids to Visit Incarcerated Parents," (The Marshall Project), 2019, <https://www.themarshallproject.org/2019/05/10/let-s-make-it-easier-for-kids-to-visit-incarcerated-parents>

⁴⁴ Jaime Joyce, "Let's Make It Easier for Kids to Visit Incarcerated Parents," (The Marshall Project), 2019, <https://www.themarshallproject.org/2019/05/10/let-s-make-it-easier-for-kids-to-visit-incarcerated-parents>

In addition to improving visitation by reducing the distance between incarcerated parents and children, or providing transportation, improving the visitation space in general can reduce the stress and trauma children experience in visiting an incarcerated parent. Typical visiting rooms are not family friendly, subject families to long wait times and sometimes prohibit or limit physical contact between parents and children, which can all be traumatic for a child.⁴⁵ To improve this experience, visiting rooms can be made more child friendly through decor, toys, children's books, and crafts or activities.⁴⁶ Visitation can also be reimagined to allow more extended and private visits such as the Family Reunion Program in New York which allows eligible parents to receive extended family visits in private mobile homes.⁴⁷ This specific program not only allowed families to remain connected, but also reduced recidivism rates and demonstrated closer relationships between families and children after incarceration.⁴⁸ Other facilities have created successful nursery programs for incarcerated mothers, allowing infants to spend their first several months or years of life with their mother.⁴⁹ The Ohio Reformatory for Women in Marysville, Ohio provides a successful example of this type of program.

Another way to improve visitation is to expand home confinement opportunities. Prison overcrowding, a consequence of mass incarceration, has made certain jurisdictions reconsider sentencing and confinement requirements, so that prison time becomes a choice of last resort. For example, on the state level, Washington State's Family and Offender Sentencing Act "allows judges to waive prison time and instead impose community custody for some primary caregivers of minor children,"⁵⁰ allowing families to remain intact, despite interaction with the criminal justice system.

The will to innovate and expand home confinement opportunities is clear on the federal level as well. The First Step Act of 2018 (FSA) expanded a pilot program, the Second Chance Act, "to place elderly and terminally ill inmates in home confinement."⁵¹ These efforts were further expanded in the wake of the Covid-19 pandemic, with the Federal Bureau of Prisons reporting an over 40% increase in individuals assigned to home confinement between March 2020 and April 2020.⁵² During this time, case management staff reviewed all inmates, determining which ones met

⁴⁵Leila Morsy & Richard Rothstein, "Mass Incarceration and Children's Outcomes" (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

⁴⁶Lindsey Cramer, Margaret Goff, Bryce Peterson, Heather Sandstrom, "Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice," 2017, https://www.urban.org/sites/default/files/publication/89601/parent-child_visiting_practices_in_prisons_and_jails.pdf

⁴⁷Lindsey Cramer, Margaret Goff, Bryce Peterson, Heather Sandstrom, "Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice," 2017, https://www.urban.org/sites/default/files/publication/89601/parent-child_visiting_practices_in_prisons_and_jails.pdf

⁴⁸Lindsey Cramer, Margaret Goff, Bryce Peterson, Heather Sandstrom, "Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice," 2017, https://www.urban.org/sites/default/files/publication/89601/parent-child_visiting_practices_in_prisons_and_jails.pdf

⁴⁹Lindsey Cramer, Margaret Goff, Bryce Peterson, Heather Sandstrom, "Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice," 2017, https://www.urban.org/sites/default/files/publication/89601/parent-child_visiting_practices_in_prisons_and_jails.pdf

⁵⁰Bernadette Rabuy, Daniel Kopf, "Separation by Bars and Miles: Visitation in state prisons," <https://www.prisonpolicy.org/reports/prisonvisits.html>

⁵¹"Home Confinement under the First Step Act" (Federal Bureau of Prisons), 2019, <https://www.bop.gov/policy/om/001-2019.pdf>

⁵²"Update on COVID-19 and Home Confinement" (Federal Bureau of Prisons), 2020, https://www.bop.gov/resources/news/20200405_covid19_home_confinement.jsp

the criteria set by the Attorney General.⁵³ This process can be replicated in the post-pandemic era to assist families by establishing home confinement criteria for incarcerated youth and parents.

Support bail reform

The current bail system is ineffective, discriminatory, and creates unnecessary health risks. Upon arrest, “many people must pay cash bail to be released from detention,” which is set at a level determined by the court.⁵⁴ When bail is difficult to afford, many individuals face pretrial incarceration in jail. Despite the United States purported presumption of innocence, “three-quarters of the total number of people in jails— have not been convicted of a crime,” but are separated from their families and children, due to their inability to afford bail.⁵⁵ This system disproportionately affects low-income individuals, women, Black people, and those struggling with substance abuse.⁵⁶

The cash bail system is ineffective in its intended purpose to reduce crime. Instead, time held in jail increases the likelihood that an individual may commit a new crime before trial, where even two-to-three days of pretrial incarceration makes low-risk defendants about 40% more likely to commit a new crime than individuals held less than 24 hours.⁵⁷ The likelihood for rearrest is even more apparent for low-risk defendants held eight to fourteen days.⁵⁸ Additionally, incarcerating low-and moderate-risk defendants, “is strongly correlated with higher rates of new criminal activity both during the pretrial period and years after case disposition.”⁵⁹

Pretrial incarceration has negative effects on mental and physical health as many people lack access to proper treatment and health care; jails often have higher rates of HIV and tuberculosis,⁶⁰ individuals are more likely to be victims of violence; and unfortunately, suicide is the leading cause of death in jails.⁶¹ With about 63% of people in jails struggling with a substance abuse disorder, many have died from drugs or alcohol in jail, especially without access to treatment.⁶² Overall, jail incarceration is correlated with long-term negative health outcomes where “research shows a connection between increases in local jail admission rates and fatal overdose rates.”⁶³ The severity of

⁵³ “Update on COVID-19 and Home Confinement” (Federal Bureau of Prisons), 2020, https://www.bop.gov/resources/news/20200405_covid19_home_confinement.jsp

⁵⁴ Arnav Shah, Shanoor Seervai, “How the Cash Bail System Endangers the Health of Black Americans,” (The Commonwealth Fund), 2020,

<https://www.commonwealthfund.org/blog/2020/how-cash-bail-system-endangers-health-black-americans>

⁵⁵ Arnav Shah, Shanoor Seervai, “How the Cash Bail System Endangers the Health of Black Americans,” (The Commonwealth Fund), 2020,

<https://www.commonwealthfund.org/blog/2020/how-cash-bail-system-endangers-health-black-americans>

⁵⁶ Arnav Shah, Shanoor Seervai, “How the Cash Bail System Endangers the Health of Black Americans,” (The Commonwealth Fund), 2020,

<https://www.commonwealthfund.org/blog/2020/how-cash-bail-system-endangers-health-black-americans>

⁵⁷ Margaret Talbot, “The Case Against Cash Bail,” (The New Yorker), 2015,

<https://www.newyorker.com/news/news-desk/the-case-against-cash-bail>

⁵⁸ Margaret Talbot, “The Case Against Cash Bail,” (The New Yorker), 2015,

<https://www.newyorker.com/news/news-desk/the-case-against-cash-bail>

⁵⁹ Christopher T. Lowenkamp, Ph.D. Marie VanNostrand, Ph.D. Alexander Holsinger, Ph.D., “The Hidden Costs of Pretrial Detention,” 2013

https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/LJAF_Report_hidden-costs_FNL.pdf

⁶⁰ Samuel Johnson, Tanisha Pruitt, Ph.D. and Piet van Lier, “Bail reform will make Ohioans healthier” (Policy Matters Ohio), 2021, <https://www.policymattersohio.org/files/research/healthimpactofbailreformes10.28.21.pdf>

⁶¹ Samuel Johnson, Tanisha Pruitt, Ph.D. and Piet van Lier, “Bail reform will make Ohioans healthier” (Policy Matters Ohio), 2021, <https://www.policymattersohio.org/files/research/healthimpactofbailreformes10.28.21.pdf>

⁶² Samuel Johnson, Tanisha Pruitt, Ph.D. and Piet van Lier, “Bail reform will make Ohioans healthier” (Policy Matters Ohio), 2021, <https://www.policymattersohio.org/files/research/healthimpactofbailreformes10.28.21.pdf>

⁶³ Samuel Johnson, Tanisha Pruitt, Ph.D. and Piet van Lier, “Bail reform will make Ohioans healthier” (Policy Matters Ohio), 2021, <https://www.policymattersohio.org/files/research/healthimpactofbailreformes10.28.21.pdf>

health risks associated with jail incarceration was further highlighted by the Covid-19 pandemic, making the cash bail system an even more unnecessary health risk as outbreaks in these close quarters were widespread.⁶⁴ To combat this, during the Covid-19 pandemic, states like California eliminated cash bail for many low-level offenses, allowing defendants to await trial at home instead.⁶⁵

Research shows that more than half the people in jail, unable to make bail, are parents.⁶⁶ For Ohio, specifically, considering the state's pretrial population and estimated number of parents, over 11,092 Ohio children are exposed to preventable Adverse Childhood Experiences (ACE) [5,546 parents x two children (on average) = 11,092] or an equivalent rate of 754,256 preventable ACE days considering the average length of stay of 68 days (1,092 children x 68 days = approximately 754,256 preventable ACE days).⁶⁷ Supporting bail reform efforts can prevent children from this exposure.

Health

Expand hospital and pediatric screening for ACEs

Adverse Childhood Experiences are those which inflict trauma or stress on a child, such as parental divorce, substance abuse issues of a household member, parental incarceration, parental death, and more.⁶⁸ A recent study utilizing data from the National Survey of Children's Health (NSCH), found that nearly one-third (32.5%) of children experience at least one ACE, with parental divorce being the most common (24.7%) and parental incarceration affecting 8%.⁶⁹ Children with parents who are incarcerated are at an even greater risk, as they are "exposed to nearly five times as many other ACEs" as children without parents who are incarcerated (2.06 compared to 0.41, on average, at a statistically significant level).⁷⁰ Additionally, some evidence suggests that the association between the experience of having a parent incarcerated and ACEs is "stronger among younger children (ages 0 to 6) than among older children," making it especially important for pediatricians, mental health professionals, and educators to intervene as early as possible.⁷¹ This early intervention can be done through adverse childhood experience screeners which will allow pediatricians to catch whether a child has had interaction with the justice system through a parent or family member, and therefore, the pediatrician will be able respond in an informed way, as well as refer the patient to the correct mental health therapy, if necessary.⁷² National reports suggest that "few pediatric health

⁶⁴ Arnav Shah, Shanoor Seervai, "How the Cash Bail System Endangers the Health of Black Americans," (The Commonwealth Fund), 2020,

<https://www.commonwealthfund.org/blog/2020/how-cash-bail-system-endangers-health-black-americans>

⁶⁵ Arnav Shah, Shanoor Seervai, "How the Cash Bail System Endangers the Health of Black Americans," (The Commonwealth Fund), 2020,

<https://www.commonwealthfund.org/blog/2020/how-cash-bail-system-endangers-health-black-americans>

⁶⁶ Samantha Boch, "Opinion: Bail reform advances child health equity," (Columbus Dispatch), 2021

<https://www.dispatch.com/story/opinion/columns/guest/2021/10/22/what-benefits-there-bail-reform/8530080002/>

⁶⁷ Samantha Boch, "Opinion: Bail reform advances child health equity," (Columbus Dispatch), 2021

<https://www.dispatch.com/story/opinion/columns/guest/2021/10/22/what-benefits-there-bail-reform/8530080002/>

⁶⁸ Kristin Turney, "Adverse Childhood Experiences Among Children of Incarcerated Parents," University of California Irvine, (Science Direct), https://kristinturney.files.wordpress.com/2018/11/turney_2018_cysr.pdf

⁶⁹ Kristin Turney, "Adverse Childhood Experiences Among Children of Incarcerated Parents," University of California Irvine, (Science Direct), https://kristinturney.files.wordpress.com/2018/11/turney_2018_cysr.pdf

⁷⁰ Kristin Turney, "Adverse Childhood Experiences Among Children of Incarcerated Parents," University of California Irvine, (Science Direct), https://kristinturney.files.wordpress.com/2018/11/turney_2018_cysr.pdf

⁷¹ Kristin Turney, "Adverse Childhood Experiences Among Children of Incarcerated Parents," University of California Irvine, (Science Direct), https://kristinturney.files.wordpress.com/2018/11/turney_2018_cysr.pdf

⁷² Elizabeth S Barnert, Paul J Chung, "Responding to Parental Incarceration As a Priority Pediatric Health Issue," 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6317561/>

providers and systems routinely screen for adverse childhood experiences,”(as of 2016),⁷³ however, interviews conducted in Deliverable 2 suggest that most children’s hospitals conduct some sort of ACE screening. Since these screenings are not consistent, and oftentimes not routine, there is very little data captured or analyzed on “exposure to the correctional system in pediatric health care systems,” thus, creating a gap in care that could be essential for meaningful intervention.⁷⁴

Promote the continuation and expansion of Medicaid/CHIP

Medicaid and the Children’s Health Insurance Program (CHIP) allow millions of families to access healthcare in the U.S. Due to lower family income status, many justice-involved youth and adults are eligible for these programs, however, the “inmate exclusion” prevents these individuals from accessing these programs. The “inmate exclusion” is a federal law that prohibits Medicaid and CHIP funds to be used to insure those in the justice system during incarceration.⁷⁵ Since the funding of Medicaid/CHIP is typically shared by the federal government and states, the inmate exception puts the burden of funding solely on states and counties.⁷⁶ Therefore, many states terminate or suspend Medicaid/CHIP during the detention period, which then causes individuals to not only be without health insurance during the period of incarceration, but also upon release.⁷⁷

The lack of healthcare insurance is particularly dangerous for children and adolescents “given the biological and psychological vulnerability associated with their age,”⁷⁸ and as they may lose access to long-term treatments as well as struggle to re-enroll upon release.⁷⁹ An estimated 80% of previously incarcerated youth lack a primary health care provider in their home communities,⁸⁰ and likely have to utilize emergency departments instead.⁸⁰ Barriers to re-enrollment fuel this issue, where, for example, a study of young men incarcerated in New York found that only 23% had “re-enrolled in Medicaid after their release from jail.”⁸¹ Currently, in Ohio, Medicaid is discontinued for “inmates” over the age of twenty-one, but suspended for those incarcerated who are under the age of twenty-one (according to Ohio Administrative Code-Rule 5160:1-1-03).⁸²

Removing the “inmate exclusion” at the state and federal level could improve health

⁷³ Samantha Boch, Emre Sezgin, Donna Ruch, Kelly Kelleher, Deena Chisolm, & Simon Lin, “Unjust: the health records of youth with personal/family justice involvement in a large pediatric health system,” 2021, <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-021-00147-5>

⁷⁴ Samantha Boch, Emre Sezgin, Donna Ruch, Kelly Kelleher, Deena Chisolm, & Simon Lin, “Unjust: the health records of youth with personal/family justice involvement in a large pediatric health system,” 2021, <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-021-00147-5>

⁷⁵ Elizabeth S Barnert, Raymond Perry, Robert E Morris, “Juvenile Incarceration and Health,” 2016, <https://www.sciencedirect.com/science/article/pii/S1876285915002843?via%3Dihub>

⁷⁶ Grace Rabinowitz, “The Medicaid Inmate Exception Rule: A Major Barrier to Adolescent and Youth Mental Health Improvement Efforts,” https://med.stanford.edu › Policy-Brief-Grace_R

⁷⁷ Elizabeth S Barnert, Raymond Perry, Robert E Morris, “Juvenile Incarceration and Health,” 2016, <https://www.sciencedirect.com/science/article/pii/S1876285915002843?via%3Dihub>

⁷⁸ Elaine Michelle Albertson, Christopher Scannell, Neda Ashtari, Elizabeth Barnert, “Eliminating Gaps in Medicaid Coverage During Reentry After Incarceration,” https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305400?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub++0pubmed

⁷⁹ Grace Rabinowitz, “The Medicaid Inmate Exception Rule: A Major Barrier to Adolescent and Youth Mental Health Improvement Efforts,” https://med.stanford.edu › Policy-Brief-Grace_R

⁸⁰ Elizabeth S Barnert, Raymond Perry, Robert E Morris, “Juvenile Incarceration and Health,” 2016, <https://www.sciencedirect.com/science/article/pii/S1876285915002843?via%3Dihub>

⁸¹ Grace Rabinowitz, “The Medicaid Inmate Exception Rule: A Major Barrier to Adolescent and Youth Mental Health Improvement Efforts,” https://med.stanford.edu › Policy-Brief-Grace_R

⁸² “Rule 5160:1-1-03: Medicaid: Restrictions on Payment for Services.,” Rule 5160:1-1-03 - Ohio Administrative Code | Ohio Laws, accessed July 25, 2022, <https://codes.ohio.gov/ohio-administrative-code/rule-5160:1-1-03>.

outcomes for children, families, and communities, “improve the quality of care during incarceration by increasing treatment options,”⁸³ and lower the costs that are often passed on to the local tax payer.

Education

Eliminate mandatory school suspensions and expulsions

Zero-tolerance policies in schools, including suspensions and expulsions for infractions such as truancy, verbal infractions to teachers, dress code violations, and drug and alcohol violations, have negative consequences in terms of children’s health and youth incarceration prevention. In Ohio specifically, the board of education of each city is enabled to adopt “a policy of zero tolerance for violent, disruptive, or inappropriate behavior and establish strategies to address such behavior that range from prevention to intervention,” however, it is not clear exactly what behaviors fall into those categories nor what interventions or preventative measures would be most effective.⁸⁴

Children suspended or expelled from school are at risk for more long-term issues, including exposure to the school-to-prison pipeline. In opting for blanket out-of-school suspensions and expulsions, school districts are often ignoring the underlying issues that could have led to a child’s misconduct in the first place, such as drug abuse,⁸⁵ behavioral issues, mental health, or experience with bullying or violence in the home. These zero-tolerance policies exacerbate the school-to-prison pipeline. The school-to-prison pipeline includes not only these policies, but also the stationing of police officers within the school, where officers are able to arrest students “whose offenses once would have been handled by school counselors and principals without the involvement of the criminal justice system.”⁸⁶ These practices disproportionately impact disadvantaged children and black students.⁸⁷ Many children “enter the juvenile justice system upon arrest or through referrals to the juvenile courts made by parents, schools, or probation officers,” so to prevent further youth incarceration, strategies to eliminate zero-tolerance policies in schools should be pursued.⁸⁸ When possible, these policies should be replaced with mental health services or community service alternatives.

Economy

Support policies which alleviate childhood poverty

⁸³Elaine Michelle Albertson, Christopher Scannell, Neda Ashtari, Elizabeth Barnert, “Eliminating Gaps in Medicaid Coverage During Reentry After Incarceration,” https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305400?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub++0pubmed

⁸⁴“Section 3313.534: Policy of Zero Tolerance for Violent, Disruptive, or Inappropriate Behavior,” Section 3313.534 - Ohio Revised Code | Ohio Laws, accessed July 25, 2022, <https://codes.ohio.gov/ohio-revised-code/section-3313.534>.

⁸⁵Jeffrey H. Lamont et al., “Out-of-School Suspension and Expulsion,” (American Academy of Pediatrics,) March 1, 2013, <https://publications.aap.org/pediatrics/article/131/3/e1000/30944/Out-of-School-Suspension-and-Expulsion?autologincheck=redirected>.

⁸⁶Leila Morsy & Richard Rothstein, “Mass Incarceration and Children’s Outcomes” (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

⁸⁷Nora Gordon, “Disproportionality in Student Discipline: Connecting Policy to Research,” Brookings (Brookings, March 9, 2022), <https://www.brookings.edu/research/disproportionality-in-student-discipline-connecting-policy-to-research/>.

⁸⁸Elizabeth S Barnert, Raymond Perry, Robert E Morris, “Juvenile Incarceration and Health,” 2016, <https://www.sciencedirect.com/science/article/pii/S1876285915002843?via%3Dihub>

“Many social determinants of poor health [including poverty] are also associated with greater incarceration risk,”⁸⁹ making policies that aim to alleviate childhood poverty an integral piece of incarceration prevention. Such strategies can take many forms, including prenatal and early childhood nurse home-visiting programs, broadening early childhood education programs, improved housing through lead remediation, and increased employment opportunities through second-chance hiring practices for parents who were formerly incarcerated. For example, interventions like “prenatal and early childhood nurse home-visiting programs demonstrate decreased rates of child abuse perpetration, substance use, and arrest of mothers and their children 15 years after the intervention,” and early childhood education is correlated with “higher high school graduation rates, higher job earnings, and decreased incarceration rates into adulthood.”⁹⁰ Safe housing is also an important component of incarceration prevention which includes reducing lead exposure as this exposure is “correlated with cognitive and behavioral impairment and with increased criminal behavior”⁹¹ and often occurs at higher rates in lower income housing.⁹² Finally, many children of incarcerated parents continue to struggle below the poverty line as hiring practices present barriers to parents with previous “criminal” records. Reforming requirements to allow individuals with records to apply, and connecting formerly incarcerated individuals to job opportunities can also alleviate childhood poverty.

⁸⁹ “How Does Incarcerating Young People Affect Their Adult Health Outcomes?,” *Journal of the American Academy of Pediatrics*, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260153/>

⁹⁰Elizabeth S Barnert, Raymond Perry, Robert E Morris, “ Juvenile Incarceration and Health,” 2016, <https://www.sciencedirect.com/science/article/pii/S1876285915002843?via%3Dihub>

⁹¹ Leila Morsy & Richard Rothstein, “Mass Incarceration and Children’s Outcomes” (Economic Policy Institute), 2016, <https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>

⁹²“Childhood Lead Poisoning Prevention- Populations at Higher Risk,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, January 13, 2022), <https://www.cdc.gov/nceh/lead/prevention/default.htm>.

Deliverable 2: Hospital Benchmarks

In order to better identify Nationwide Children’s Hospitals’ role in the social justice space, it is important to understand what other Children’s Hospitals are doing in this context. For this part of the project, the following hospitals were contacted:

Contacted Children’s Hospitals		
Location	Name	Response
Ohio Hospital	Akron Children's Hospital	Responses received via email
Ohio Hospital	Cincinnati Children's Hospital Medical Center (Cincinnati Child Welfare Research Lab)	Virtual Interview
Ohio Hospital	Cleveland Clinic Children's Hospital	No response received
Ohio Hospital	Dayton Children's Hospital	Virtual Interview
Ohio Hospital	Rainbow Babies and Children's Hospital	Virtual Interview
Out-of-State	Boston- Boston Children’s Hospital	Responses received via email
Out-of-State	Chicago- Ann & Robert H. Lurie Children’s Hospital of Chicago	Responses received via email
Out-of-State	Houston- Texas Children’s Hospital	No response received
Out-of-State	Memphis- Le Bonheur Children's Hospital	Responses received via email
Out-of-State	New York City- NewYork-Presbyterian Morgan Stanley Children's Hospital	No response received
Out-of-State	Philadelphia- Children’s Hospital of Philadelphia	Responses received via email
Out-of-State	San Francisco- UCSF Benioff Children's Hospital	No response received

Interview Questions

The following discussion questions were shared with the contacted children's hospitals:

1. How many patients do you serve that have had interactions with the criminal justice system, either themselves or through a family member?
2. Do you manage juvenile care at facilities in your area?
3. Do you screen for Adverse Childhood Experiences (ACEs)?
4. In what ways has the hospital been involved in aiding incarcerated youth, and children with incarcerated parents?
5. In what ways, if any, has the hospital been involved in promoting decarceration strategies? What policies have you publicly or actively supported?
 - a. What obstacles, if any, has the hospital encountered in attempting to support decarceration strategies, incarcerated youth, and children of incarcerated parents/caregivers?
 - b. Does the hospital sponsor any community programs aimed at crime prevention (Programs which keep children out of the criminal justice system)?

Key Findings

- Most hospitals do not track the number of patients that have had interactions with the criminal justice system, either themselves or through a family member.
- While many hospitals manage healthcare at juvenile detention facilities in their area, the level of care is not standardized, nor is it clear across the hospital.
- All hospitals perform some sort of screening that identifies childhood trauma. Many hospitals expressed that the screenings they utilize are more up-to-date than traditional ACEs screening.
- Many hospitals indicated wanting to support more decarceration policies, but due to internal differences of opinion, budgeting, and other barriers, this sort of advocacy is not currently possible. However, some institutions indicated that collective action, potentially through the Ohio Children's Hospital Association, would enable them to more publicly support certain initiatives.
- While many hospitals are establishing centers, initiatives, and research units to focus on certain components of social justice such as health disparities, Nationwide Children's Hospital's specific concentration on decarceration, and juvenile and parental justice, is unique to children's hospitals.

Ohio Children's Hospitals

The following catalogs information obtained through responses from children's hospitals within the state of Ohio. Information from hospitals, for which a response was not received, was obtained via independent research.

Akron Children's Hospital

Akron Children's Hospital

- ACH does not track the number of patients served that have had interactions with the criminal justice system.
- ACH manages juvenile care at the Summit County Juvenile Court.
- ACH screens for ACE's.
- ACH aids incarcerated youth/families on an individual basis, however, ACH is not involved in a collective effort on this issue.
- ACH is not involved in promoting decarceration strategies, however, with its growing size, there is an interest in this activity.

Akron Children's Hospital's Social Work team was able to share the following details regarding their work with incarcerated children and parents. The Social Work team works with all patients and families, regardless of interaction with the criminal justice system, however, the specific data on the number of patients served with this experience and information on this issue is not captured in a way that will allow for data collection. ACH manages juvenile care at the Summit County Juvenile Court, for which was previously overseen by a physician in ACH's Adolescent Medicine, but now, contacted officials are not certain who is the designated ACH provider (additional follow-up may be needed). ACH screens patients for Adverse Childhood Experiences. ACH aids youth and families who are experiencing incarceration on an individual basis. In addition, the Social Work team serves on a variety of committees within ACH and the community where issues of incarceration are discussed, however, ACH is not involved in a collective effort regarding this issue. While ACH is not currently involved in advocacy efforts for decarceration strategies or related policy involvement, the hospital expresses interest in better grasping and sharing these concepts. Considering the hospital's growing size and varied efforts, there is a passion within ACH to pursue certain objectives, yet a lack of ability to find and keep up with this information and activities. In general, a main focus of ACH is to reduce costs of care while maintaining high quality care and improving patient satisfaction.

Cincinnati Children's Hospital Medical Center

Cincinnati Children's Hospital

- CCH does not have a consistent tracking tool to determine the number of patients served that have had interactions with the criminal justice system; beginning to utilize screening using NLP.
- CCH manages juvenile care at the Hamilton County Youth Center.
- CCH conducts trauma screening through CRAFFT, social determinants of health screening, and suicide screening.
- CCH aids incarcerated youth/families through their adolescent medicine clinic, foster care clinic, and clinic serving children born to mothers who are addicted to opioids.
- CCH is active in the foster and kinship care space.

Cincinnati Children's does not yet utilize a consistent tracking tool for measuring the number of patients who have had some sort of experience with incarceration. However, CCH is beginning to utilize natural language processing (NLP), similar to NCH's previous work,⁹³ to obtain this information, finding that roughly 2% of patients have disclosed some sort of interaction with the justice system, though this figure is subject to false-positives and underestimation. CCH is contracted with Hamilton County to provide healthcare at the juvenile justice center through a team of nurse practitioners and a CCH medical director who manages the care. CCH uses a variety of screenings to understand patient's adverse childhood experiences, including CRAFFT- a substance use screening tool for adolescents aged 12-21, a social determinants of health screener, and a suicide screening tool which includes trauma screening. Additionally, ACE screening is sometimes used in the psychiatry center, but not hospital-wide. CCH assists incarcerated youth and children with incarcerated parents through their adolescent medicine clinic and collaborating on projects which identify ways to get children into mental health resources. Closely tied to these efforts is CCH's foster care clinic, and their service to all protective services in Hamilton and Butler Counties. In addition, CCH has a third clinic that focuses on children born to mothers who are addicted to opioids. While understanding CCH's role in promoting decarceration strategies and justice-related public policies warrants additional discussion with their government relations team, CCH does assist with legal aid in primary care clinics.

⁹³ Samantha Boch, Emre Sezgin, Donna Ruch, Kelly Kelleher, Deena Chisolm, & Simon Lin, "Unjust: the health records of youth with personal/family justice involvement in a large pediatric health system," 2021, <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-021-00147-5>

Cincinnati Children's Hospital's Child Welfare Research Lab is currently involved in several projects and initiatives related to justice and social determinants of health.⁹⁴ This includes the ICare2CHECK program which emerged from CCH's foster care clinic to help those in foster care in transitioning from pediatric to adult care, and CAREFUL which is examining healthcare utilization, substance abuse, and HIV risk behaviors for youth in foster care.

Cleveland Clinic Children's Hospital

According to their website, Cleveland Clinic Children's Hospital does not offer direct services for youth and families involved with the justice system, however there are behavioral health programs⁹⁵ and adolescent medicine⁹⁶ which may serve these children.

Dayton Children's Hospital

Dayton Children's Hospital

- DCH does not track the number of patients served that have had interactions with the criminal justice system.
- DCH does not manage healthcare at the local juvenile facility.
- DCH conducts various social needs screenings, rather than ACEs.
- DCH aids incarcerated youth/families on an individual basis, however, DCH is not involved in a collective effort on this issue.
- Much of the hospital's advocacy agenda is set with other hospitals.
- DCH's Center for Health Equity focuses on social determinants of health and racial disparities in health outcomes.

Dayton Children's Hospital (DCH) may not be capturing information regarding the number of patients served who have had interactions with the criminal justice system. While DCH does not manage health care at the local juvenile detention facilities, they do serve children from these facilities on occasion. DCH conducts different social needs screenings, rather than ACEs specifically. The hospital has been somewhat involved in aiding incarcerated youth and children with incarcerated parents through the kinship care program, foster care clinic, and work with the Child Advocacy Center of Warren County. As far as promoting specific decarceration strategies and policies, much of DCH's advocacy agenda is set with other hospitals.

Indirectly related to the justice space, DCH's Center for Health Equity launched in the fall of 2021 as the hospital's way to focus on social determinants of health, especially for children in

⁹⁴ "Cincinnati Children's Hospital Foster Care Research Lab" (Cincinnati Children's), accessed July 25, 2022, <https://www.cincinnatichildrens.org/research/divisions/f/foster-care-research-lab>.

⁹⁵ "Cleveland Clinic Children's Behavioral Health Programs" (Cleveland Clinic), accessed July 25, 2022, <https://my.clevelandclinic.org/pediatrics/departments/behavioral-health>.

⁹⁶ "Cleveland Clinic Children's Adolescent Medicine" (Cleveland Clinic), accessed July 25, 2022, <https://my.clevelandclinic.org/pediatrics/departments/adolescent-medicine#programs-tab>.

Montgomery County where broad racial health disparities exist. The Center focuses on identifying connections between health outcomes and social factors through community engagement in housing, education, and social needs screening, and through data driven research to identify opportunities for DCH to better serve the community. This includes engaging with families and parents to inquire about possible interventions DCH can pursue in order to improve the health of every child within their reach, including interventions like screening for housing stability, connecting families with essential resources, and understanding barriers to healthcare like lack of transportation.

University Hospitals Rainbow Babies and Children's Hospital

UH Rainbow Babies & Children's Hospital

- RBCH does not track the number of patients served that have had interactions with the criminal justice system.
- RBCH manages juvenile care at the Cuyahoga County Detention Center.
- RBCH screens for ACEs and uses the UCLA PTSD Reaction Index.
- RBCH is not involved in a collective effort on aiding incarcerated youth/families, but there is a focus on assisting victims of violence through the Antifragility Initiative.
- RBCH is not involved in promoting decarceration strategies, however there is a focus on social determinants of health.

Rainbow Babies and Children's Hospital (RBCH) is home to a unique violence intervention program, the Antifragility Initiative. Existing in the hospital's trauma center, the Antifragility Initiative engages victims of gunshot wounds and assaults, at their bedside during recovery, where patients are often more receptive to violence intervention services. The Initiative's licensed social workers link victims to services, follow-up to address social determinants of health, and work closely with community-based organizations to identify mentors and peers for victims. As an early intervention program, the Initiative serves children, often ages 6-15 years old in the Cleveland area. Rainbow Babies' Dr. Edward Barksdale became a main driving force and advocate for the program after receiving grant funds for his work. The initiative is funded through these grants, and not under the hospital.

The Initiative is currently working with the Jack, Joseph, and Morton Mandel School of Applied Social Sciences at Case Western Reserve University to study broader factors and social determinants of health that are associated with violence. Preliminary findings include level of education, poverty level, zip code, race, age of mother, and level of mother's education. The school has not yet analyzed parental incarceration as a factor, but may be analyzing whether the child had a history with the criminal justice system. The Mandel school is utilizing a childhood database which allows them to pair health records in order to get a sense of the larger picture. Rainbow Babies and

Children's Hospital, specifically the Antifragility Initiative, has worked with other organizations such as Frontline Services, the Cleveland Peacemakers Alliance, and Project Lift, to better support violence prevention and intervention initiatives.

While RBCH does not track the number of patients who have had some sort of interaction with the criminal justice system, the Antifragility Initiative estimates that all children within their program have had some sort of interaction as they are all victims of some sort of violence. University Hospitals has a contract with the local juvenile detention center in Cleveland, but it is not clear what regular care looks like. Children injured at the facility do come through the emergency room at RBCH. RBCH previously used ACE-Q to screen for adverse childhood experiences, however, the high need for mental health services has drawn them toward more trauma based counseling techniques. Therefore, they are switching to the UCLA Posttraumatic Stress Disorder (PTSD) Reaction Index. Choosing the correct screening tool also depends on the child's developmental level.

While the hospital has not necessarily been involved in promoting decarceration strategies, they are active in supporting victims of crime through the Antifragility Initiative. The Initiative previously held conversations at the juvenile detention center, but due to being understaffed and the detention center being a closed system, obtaining access is difficult.

Out-of-State Children's Hospitals

The following catalogs information obtained through responses from contacted children's hospitals outside of the state of Ohio. Information from hospitals, for which a response was not received, was obtained via independent research.

Boston Children's Hospital

Boston Children's Hospital (BCH) conducts ACE screening for patients. BCH manages care at the local juvenile detention facility in the area. The hospital is active in "supporting programs designed to keep children with behavioral health needs out of the juvenile justice system through policy advocacy, state budget efforts, direct contracting with service providers, and community benefits support for [organizations]" working within the juvenile justice space.

Ann & Robert H. Lurie Children's Hospital of Chicago

Ann & Robert H. Lurie Children's Hospital of Chicago

- Lurie does not track the number of patients served that have had interactions with the criminal justice system.
- Lurie does not directly manage care at the local juvenile center, but oversees the Juvenile Justice Collaborative (JJC).
- Lurie has supported school discipline reform.
- Lurie has supported raising the minimum age for youth incarceration from age 10 to 13.

The Lurie Children's Hospital of Chicago does not currently ask or collect data on whether a patient has had interactions with the criminal justice system, either themselves or through a family member. While the Lurie Children's Hospital does not work directly with youth who are detained, they oversee the Juvenile Justice Collaborative (JJC). The JJC is a care coordination program for youth involved in the justice system. Through the JJC, Lurie serves two primary groups of youth—those who are on diversion, including “probation adjustment-arrested for a felony or violent misdemeanor; and youth granted deferred prosecution. Lurie “started the deferred prosecution pilot as a strategy for keeping youth out of the detention center,” and have since been approved to receive an American Rescue Plan Act grant which will allow the program to “serve 1,500 youth on diversion or deferred prosecution over the next three years.”⁹⁷ Regarding the promotion of decarceration strategies, Lurie has worked to reduce the school-to-prison pipeline through supporting reform in school discipline policies, such as promoting restorative responses rather than suspensions and expulsions in schools. To support this effort, Lurie has worked with “community partners and youth leaders at Communities United and Voices of Youth in Chicago Education,” which has enabled them to successfully reform the student code of conduct for Chicago Public Schools, specifically, lowering “the discipline response for youth receiving infractions for alcohol or substance use in schools.”⁹⁸ Lurie has also publicly supported a bill to raise the minimum age for youth incarceration from age 10 to 13.

Texas Children's Hospital

Texas Children's Hospital was contacted through their public affairs team, however, emails did not yield a response. According to their website, Texas Children's advocacy efforts are focused on increasing the number of children with healthcare insurance, specifically increasing access to Medicaid/CHIP. The hospital's government relations department is “increas[ing] awareness of issues that shape public policy related to children's health”⁹⁹ on the local, state, and national levels. However, it is not explicitly clear what other public policies are included in this effort.

⁹⁷ Information obtained from email with Lurie officials.

⁹⁸ Information obtained from email with Lurie officials.

⁹⁹“Advocacy,” Texas Children's Hospital, accessed August 5, 2022, <https://www.texaschildrens.org/advocacy>.

Le Bonheur Children's Hospital

Le Bonheur Children's Hospital has not yet focused advocacy efforts on decarceration strategies, however, the hospital has assisted patients who have had some sort of interaction with the justice system. Le Bonheur screens for ACEs in several ways. Additional programs related to social justice topics include the hospital's violence intervention program which began in early 2022, and a mental health program for "patients who have suffered traumatic injury."¹⁰⁰

According to Le Bonheur's website, the hospital also partners with several organizations to promote community service.¹⁰¹ These programs and collaborations include: the Family Resilience Initiative which assesses for ACEs, provides wrap-around services, and seeks to prevent ACEs;¹⁰² Healthy Families America which provides "home visitation service for young mothers, following children from birth through the age of 5 years,"¹⁰³ Memphis CHiLD which provides legal services and advocacy on "social issues that impact patient health,"; the Memphis/Shelby County Healthy Homes Partnership (HHP) which works to improve housing by reducing environmental hazards; the Nurse Family Partnership, a home visitation program; and the Tax Impact Project which provides "free tax preparation to individuals who are eligible for the Earned Income Tax Credit (EITC)."

New York-Presbyterian Morgan Stanley Children's Hospital

While New York-Presbyterian (NYP) Morgan Stanley Children's Hospital's involvement in public policy and decarceration strategies is not clear, NYP is home to the Dalio Center for Health Justice. The Dalio Center's mission is to "understand and address the root causes of health inequities with the goal of setting a new standard of health justice for the communities [NYP] serve[s]," focusing on reducing health disparities, housing insecurity, food insecurity, and improving social, behavioral, and environmental factors that impact health outcomes.¹⁰⁴ However, criminal and juvenile justice do not appear to be emphasized in this work.

Children's Hospital of Philadelphia

The Children's Hospital of Philadelphia (CHOP) does not currently screen for ACEs, instead, they utilize other social needs screenings that look at issues such as "food insecurity, housing instability, transportation needs, etc." In terms of general public policy advocacy, CHOP's PolicyLab was designed to "research, develop, and implement evidence-based solutions that are responsive to community needs and relevant to child health policy priorities," in a way that is digestible to community leaders and those involved in implementing public policy. The PolicyLab focuses on issues related to adolescent health and well-being; behavioral health; health care coverage, access and quality; health equity; and intergenerational services. The PolicyLab has held conversations on "*Transforming Juvenile Justice to Improve Youth Outcomes in Philadelphia*,"¹⁰⁵ and produced related research, including "The Health Status of Youth in Juvenile Detention Facilities,"¹⁰⁶ and "The Role of

¹⁰⁰ Information obtained via email from a LeBonheur official.

¹⁰¹ "Community Services," Le Bonheur Children's Hospital, accessed August 5, 2022, <https://www.lebonheur.org/services/community-services/>.

¹⁰² "Community Services," Le Bonheur Children's Hospital, accessed August 5, 2022, <https://www.lebonheur.org/services/community-services/>.

¹⁰³ "Healthy Families," Le Bonheur Children's Hospital, accessed August 5, 2022, <https://www.lebonheur.org/our-services/le-bonheur-in-the-community/healthy-families/>.

¹⁰⁴ "Dalio Center for Health Justice," NewYork-Presbyterian, accessed July 1, 2022, <https://www.nyp.org/daliocenter>.

¹⁰⁵ "About Us," About Us, November 20, 2018, <https://policylab.chop.edu/about-us/forum>.

¹⁰⁶ "The Health Status of Youth in Juvenile Detention Facilities," accessed August 6, 2022, https://www.researchgate.net/publication/7051389_The_health_status_of_youth_in_juvenile_detention_facilities.

Pediatricians as Advocates for Incarcerated Youth.”¹⁰⁷

CHOP is most closely involved with incarcerated youth through the CHOP Adolescent Initiative. Established in 2002,¹⁰⁸ this initiative is “an intensive prevention case management program for HIV prevention,”¹⁰⁹ that services the Philadelphia Juvenile Justice Services Center (PJJSC). This program has “one case manager who is stationed in the center doing this work with youth who are in detention or otherwise involved with the [Department of Human Services] DHS system” in Philadelphia and is funded by the city and Centers for Disease Control and Prevention (CDC).¹¹⁰

UCSF Benioff Children’s Hospital

UCSF Benioff Children’s Hospital’s Center for Child and Community Health (CCCH) serves as the hospital’s community and government relations department, focusing on “community needs, health equity, disease prevention and promotion of healthy kids in today’s rapidly changing environment,” through promoting collaborations between departments, connecting with community organizations, and promoting public policies.¹¹¹

Part of CCCH’s work includes producing the hospital’s Community Benefit report. According to the 2020 Community Benefit report, the hospital has one clinic at the Alameda County Juvenile Justice Center in San Leandro, which provides full medical and dental care for over 600 children.¹¹² The hospital also serves families with experience with the justice system through Early Intervention Services (EIS), specifically the FIRST Perinatal Drug Treatment Support Program. This program “provides therapy for families where drug use and/or incarceration has disrupted the parent-child relationship,” and is part of the hospital’s Early Periodic Screening Diagnosis and Treatment (EPSDT) Mental Health Programs which are designed for children up to age six.

¹⁰⁷“The Role of Pediatricians as Advocates for Incarcerated Youth,” CHOP PolicyLab, November 24, 2017, <https://policylab.chop.edu/article/role-pediatricians-advocates-incarcerated-youth>.

¹⁰⁸<https://fight.org/event/keeping-incarcerated-youth-safe-merging-covid-19-and-hiv-testing-for-youth-in-juvenile-detention/>

¹⁰⁹ Information obtained via email with CHOP officials.

¹¹⁰ Information obtained via email with CHOP officials.

¹¹¹UCSF Health, “Center for Child & Community Health,” UCSF Benioff Children’s Hospital (UCSF Health, July 9, 2021), <https://www.ucsfbenioffchildrens.org/about/ccch>.

¹¹² “2020 Community Benefit Report,” UCSF Benioff Children’s Hospital, 2021, <https://www.ucsfbenioffchildrens.org/about/ccch>

Deliverable 3: Final Recommendations

As part of the Social Justice Initiative, Nationwide Children’s Hospital can support the comprehensive list of policies included in the policy platform due to their evidence-based, positive impact on children’s health. However, it is important to identify windows of opportunity for NCH to advocate for these policies, considering the constraints of the current political climate. In light of information collected in section two, and from conversations with local advocates and justice organizations, the following recommendations present a narrow and tangible roadmap for policy advocacy.

Policy Platform Recommendations:

1. Nationwide Children’s Hospital supports raising the minimum age for youth incarceration and establishing healthcare standards for incarcerated youth.
2. Nationwide Children’s Hospital supports bail reform.
3. Nationwide Children’s Hospital supports eliminating reincarceration for technical parole and probation violations.
4. Nationwide Children’s Hospital supports eliminating mandatory school suspensions and expulsions, where instead, therapy or community service alternatives should be promoted.
5. Nationwide Children’s Hospital supports improving prison visiting rooms and juvenile visiting policies.

The following organizations and individuals were consulted regarding policy recommendations:

Advocacy/Expert Organizations Consulted on Feasibility	
Name	Organization

Rebecca Steele	Franklin County Public Defender’s Office, Juvenile Justice Unit
Kevin Werner	Ohio Justice & Policy Center
Piet Van Lier	Policy Matters, Ohio
Allison Hollihan	NY Initiative for Children of Incarcerated Parents
Tyler Harvey	SEICHE Center for Health & Justice, Yale School of Medicine

To demonstrate support for the final recommendations, NCH can take the following actions:

Possible Pathways Forward	
Recommendation	Potential Strategy
Raise the minimum age for youth incarceration	<ul style="list-style-type: none"> ● Introduce state legislation ● Joint letter with other Children’s Hospitals to Governor
Establish healthcare standards for incarcerated youth	<ul style="list-style-type: none"> ● Create internal “standard of care” for Franklin County Juvenile Center ● Establish routine visits to Franklin County Juvenile Center ● Work with Ohio children’s hospitals to establish statewide standardized level of care for incarcerated youth
Bail Reform	<ul style="list-style-type: none"> ● Support current legislation: HB 315, SB 182
Eliminate reincarceration for technical parole and probation violations	<ul style="list-style-type: none"> ● Collaborate with Ohio Criminal Sentencing Commission on new upcoming sentencing structure
Eliminate mandatory school suspensions and expulsions	<ul style="list-style-type: none"> ● Work with local school boards to replace mandatory school suspensions and expulsions with alternatives such as therapy or community service ● Reform local school codes of conduct

<p>Improve prison visiting rooms and juvenile visiting policies</p>	<ul style="list-style-type: none"> ● Sponsor visiting room renovations including painting walls or donating books and games to make the room more welcoming ● Work with ODYS to expand visiting opportunities for incarcerated youth- including guaranteed in-person visiting opportunities, expanded list of eligible visitors, etc.
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Discussion Highlights

The following section provides further insight into the discussions with advocates, including information on where the state and county stand on issues, probability of accomplishing change, and recommendations for taking action.

Nationwide Children’s Hospital supports raising the minimum age for youth incarceration and establishing healthcare standards for incarcerated youth.

According to conversations with advocates, raising the minimum age for youth incarceration in the state of Ohio would be a statutory change likely to be supported by the Governor’s office and General Assembly. The likely passage is demonstrable by the recent introduction of Ohio House Bill 500 which ends mandatory bindover,¹¹³ and Governor DeWine’s support of children’s initiatives in general. Currently, the Ohio Department of Youth Services does not often take children who are under the ages of 12-13, but the Franklin County Detention Center does not have a minimum age, instead, a risk assessment is utilized. In a related effort, national advocates, such as the National Juvenile Justice Network, are pursuing policies which would raise the minimum age for adult prisons.¹¹⁴ To effectively advocate for raising the minimum age for youth incarceration, NCH could work with a member of the General Assembly to introduce legislation, or in conjunction with other Ohio Children’s Hospitals, write a letter of support for raising the minimum age to the Governor’s office, as suggested by advocacy groups. Advocates also highlighted partnership opportunities with the Director of the Ohio Department of Rehabilitation and Corrections (DRC).

Establishing standards of care for incarcerated youth begins with the Franklin County Juvenile Detention Facility. While children housed in the facility are able to access care through NCH, the care often only includes initial screening upon entry and crisis care during emergencies and when the child asks for medical attention. Unfortunately, the level of care is not routine, nor does it include ongoing treatments. This means that children in the facility do not receive regular dental, vision, or medical care, as well as any sort of psychotherapy. Currently, to receive medical care in the facility, children must fill out a form and are then seen the next day, or children who were on medication prior to incarceration are spoken to daily. This standard of care does not account for the longer periods of stay that children encounter. At the time of this report, one child has been in the facility for more than 933 days and 14 children have been in the facility for over six months, according to the Franklin County Public Defender’s Office, Juvenile Justice Unit. Improving care at this facility, as well as developing statewide or national standards for care could make a substantial difference on the health outcomes of incarcerated youth. In addition, advocates suggested expanding focus to ways to ensure continuity of care upon discharge, especially for issues that were identified during incarceration.

¹¹³“House Bill 500,” The Ohio Legislature, accessed August 5, 2022, <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA134-HB-500>.

¹¹⁴“Keep Youth Out of Adult Prisons,” NJJN, accessed August 5, 2022, <https://www.njjn.org/about-us/keep-youth-out-of-adult-prisons>.

Nationwide Children’s Hospital supports bail reform.

Legislative efforts to reform Ohio’s bail system are currently in the works through House Bill 315 and Senate Bill 182. Optimism for the likelihood of passage by the end of 2022 was not unanimous between advocates. Some advocates are highly confident in achieving positive bail reform by the end of this General Assembly, while others expressed skepticism due to opposition from bail bonds agents and the misleading constitutional amendment that will be on the ballot this November. Overall, advocates supported bail reform, emphasizing how even just one night in jail can lead to a parent losing a job which creates instability for the child as well as separation in general.

Nationwide Children’s Hospital supports eliminating reincarceration for technical parole and probation violations.

According to local advocates, there are about 19 different technical parole rules that individuals convicted of a nonviolent offense must abide by in order to avoid reincarceration. This can be very difficult for parents and cause unnecessary harm to children. Favorability for eliminating reincarceration for technical parole and probation violations is underscored by the 2022 COhear report which was based on community focus groups and interviews. Advocates believe that this policy could be achieved in Ohio and that similar decarceration efforts, like reforming drug sentencing, have previously received bipartisan support in Ohio, however, prosecutors and judges present a substantial barrier to passage. Recently, the state of New York passed the “Less is More”¹¹⁵ Act which aims to address the issue of technical violations. This legislation could prove to be replicable in the state of Ohio. In fact, the Ohio Criminal Sentencing Commission is in the process of developing a new sentencing structure that will replace definite sentencing to a new model of indefinite sentencing which gives individuals a range (example: three to five years, instead of a concrete five years) as well as other programs that will allow for earlier release.

Nationwide Children’s Hospital supports eliminating mandatory school suspensions and expulsions, where instead, therapy or community service alternatives should be promoted.

Advocates highlighted the importance of reforming school discipline policies as a way to reduce the school to prison pipeline. One woman from the NY Initiative for Children of Incarcerated Parents even shared her own experience with in-school suspension where she felt “they were preparing [them] for prison.” In lieu of suspensions and expulsions, advocates supported establishing more robust mental health resources and other social services for children. Suggestions included facilitating healing and conversations between teacher and student after an incident in a trauma-informed way, and policies to prevent further youth incarceration such as reducing the number of safety officers within schools. Advocates recommended partnership between NCH and the ACLU of Ohio. Additionally, responses from Lurie Children’s Hospital demonstrated how children’s hospitals can be effective in this policy area as they worked with community partners to reform the Chicago Public School student code of conduct to “lower the discipline response for youth receiving infractions for alcohol or substance use in schools.”¹¹⁶

Nationwide Children’s Hospital supports improving prison visiting rooms and juvenile visiting policies.

Creating prison and jail visiting rooms that are more family friendly would have positive effects on children by reducing the stress and trauma associated with visiting an incarcerated parent.

¹¹⁵ “#Less Is More NY,” April 13, 2022, <https://lessismoreny.org/>.

¹¹⁶ Information obtained via email with a Lurie official.

According to advocates, this initiative could be spearheaded by NCH without much political or legislative maneuvering, and in fact, ODRC Director Annette Chamber Smith may be very receptive to these changes. Changes to improve visiting rooms could include NCH's sponsorship in painting walls, adding books, games, or toys so that families feel welcome.

Improving in-person visiting policies is important in general, but specifically for incarcerated youth. Currently, when a child is in the Franklin County Juvenile Detention Facility, they are allowed two visits per week. Each visit is only 40 minutes, and the only visits allowed are by parents. This became an even larger issue during the Covid-19 pandemic where trade-offs were due to health concerns, so these children had to rely on visits via Zoom that were then terminated if anyone other than a parent, including a sibling, were on camera. NCH can work with the facility to improve these policies so that children may be able to have a greater number of visits, longer visits, or be visited by individuals in addition to their parents to reduce isolation and allow incarcerated youth to develop socially.

Other related strategies include supporting DRC's effort to expand judicial release or home confinement opportunities. During Covid, individuals were able to be released based on a qualifying event, like a state of emergency is named, but now DRC is seeking the ability to recommend individuals for release. One advocate suggested that NCH could work with DRC to establish the same ability if the hospital has worked with any specific families in which there is a sick child and an incarcerated parent. If NCH had the ability to recommend, that incarcerated parent may have a better opportunity to be released and help care for their sick child.

Another related suggestion is reducing cost barriers for visiting by supporting transportation efforts. This could include working with community organizations to sponsor buses or transportation for families to visit their loved one in prison.

Additional policies to consider in future work:

Many ideas for future policy initiatives were stimulated from conversations with advocates that could be discussed or pursued in the future. These include, but are not limited to:

- *Increasing Non-Police Response:* Advocate for the use of “right response” policies which shift from the traditional law enforcement response in a crisis to a community-based or mental-health professional response.
- *Strength-Based Language In Screenings:* Currently, some ACE screening includes language that further harms the child including terms like “household dysfunction.” Framing ACEs in a more strength-based way could reduce the stigma associated with parental incarceration.
- *Improve Training For Medical Professionals:* Encountering incarceration is not always included in medical school, so improving training for medical professionals and pediatricians would help them better care for children with such experiences. This could include understanding euphemisms children use for talking about an incarcerated parent like “he went away,” awareness of local resources for children and families, and promoting age-appropriate truths which better prepare a child for visiting an incarcerated parent and reduce the likelihood of future ACEs.
- *Data Collection:* Collecting data on the number of children with incarcerated parents will better inform what kind of support is needed.
- *Improve Equity In Diversion Policies:* Youth diversion policies rely heavily on the city and school districts, therefore creating a city v. suburb divide where children in cities are more likely to

be sent to a juvenile facility than those children in suburbs who are more likely to be diverted from the system.

- *Remove The Inmate Exception:* While local advocates warned about the political difficulty in removing the inmate exception at the Ohio Statehouse, national advocates underscored the importance of this change and connecting people to services before they leave prison or jail.
- *Inclaimant Reform:* Many formerly incarcerated people are excluded from certain careers that would help them grow economically, including health career opportunities like being a nurse. Reforming this issue would provide economic stability for the family as a whole, and generate generational wealth.

Conclusion

The Social Justice Initiative at Nationwide Children’s Hospital is conducting essential work that will help thousands of children, by promoting decarceration policies associated with positive children’s health outcomes. The research and interviews conducted for this project yielded a multitude of creative strategies to reduce youth and parental incarceration, as well as improve children’s health when faced with these experiences. The final recommendations included in this report are the first step in improving the lives of children experiencing incarceration themselves or through a parent.

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